

Electronic File Testing Review Request

During electronic file testing the Information Provider is required to provide the Board of Equalization (BOE) with an Electronic File Testing Review Request (Request Form) for each file submission. The Request Form will be used to verify the electronic data transmitted.

Once you have transmitted your test data via the Internet to the BOE, the Information Provider must complete and email the Request Form to:

BOECTeFile@boe.ca.gov

Subject Line: Acct: (Enter your account number) Electronic File Testing Review Request

Completing the eFiling Review Request

General Information:

The following information is required to be reported in the fields provided on the Request Form:

- Account name.
- BOE Account Number.
- Confirmation ID. The confirmation ID is an 8-digit number provided by the BOE when the electronic file is submitted. It is unique to each file submission and is used to identify the filing for all future inquiries.
- Reporting Period
- Contact name, telephone number, fax number, email address, and the date of the eFiling.

Schedule Information:

To complete this section, provide the information requested in each column for every schedule code reported in the filing.

- *Total Transactions* - Provide the total number of transactions reported for each schedule code.
- *Number of Cases* - Provide the total quantity of cases reported for each schedule code.
- *Number of Cartons* - Provide the total quantity of cartons reported for each schedule code.
- *Number of Packs* - Provide the total quantity of packs reported for each schedule code.
- *Total Cigarettes* - Provide the total number of cigarettes (sticks) reported for each schedule code.

ELECTRONIC FILE TESTING REVIEW REQUEST***CIGARETTE MANUFACTURER SUMMARY REPORT***

Account Name:		Account Number:		Confirmation ID:		Period:	
Schedule	Total Transactions	Number of Cases	Number of Cartons	Number of Packs	Total Cigarettes		
6A							
7A							
8A							
10C							
Contact Name:			Phone Number:		FAX Number:		
			()		()		
Email Address:					Date:		